



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Van Mitchell, Secretary

TO: _____

FROM: _____

DATE: _____

RE: REQUEST TO APPOINT

We would like to appoint: ☐ Transfer ☐ Open Candidate ☐ Reinstatement ☐
Contract***
Conversion ☐

NAME: _____

SS# / W#: _____

ADDRESS: _____

DATE OF BIRTH: _____ **RACE/SEX:** _____

CLASSIFICATION: _____

PIN#: _____ **PCA Code (3-digit #):** _____ **AGENCY CODE:** _____

FUND CODE: _____ (If the fund code is changing, a separate written request must be submitted to your HR Officer)

Does this position supervise: ☐ yes ☐ no

EFFECTIVE DATE: _____ **OFFICE PHONE #** _____

This request is to hire above base: ☐ yes ☐ no (Current State Employees Not Eligible)

If yes, step requested: _____ (attach request to hire above base form and applicant's salary demand letter)

attachments: List of applicants interviewed & status
MS 100 – State Application
Release of Information (signed)***
Criminal Background Form (signed)***
Receipt of Position Description (signed)***
Reference Check***
EEO Applicant Data Form
Above base salary request (if applied)
Copy of Contracts***

NOTE: This form contains personal and confidential information, please make sure you keep completed forms in a secure place.

